

John Brennan

From: Andrew Heykoop <andrew@eagletowing.us>
Sent: Wednesday, March 28, 2018 4:49 PM
To: Christopher McIntire, (MSP); EtueK@michigan.gov; kanitzm@michigan.gov; roeslerd5@michigan.gov; whitej25@michigan.gov; John Brennan; Tom Siver; whitejj@michigan.gov
Subject: Request for non-preference list
Attachments: State Police Packet.pdf; CCF03162018_00001.pdf; CCF03282018_00001.pdf; Request for Placement on Non-Preference list.eml; Request for placement on Non-Preference List.eml; TruckInspections.pdf

Work Site commanders

For the Hart Post and Rockford Post please see attached documents for Eagle Towing placement on the non preference list for the respected areas.

Original documents have been sent to each work site.

Andrew Heykoop
Eagle Towing
Operations Manager
231-736-9821-Cell
231-354-7045-Direct Extension
231-894-5424-24HR Dispatch

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UD-41 (04/07)

MICHIGAN DEPARTMENT OF STATE POLICE

REQUIREMENTS FOR WRECKER SERVICES TO CONTRACT OR BE PLACED ON NO-PREFERENCE WRECKER CALL LIST

Wrecker services interested in working with the Michigan State Police shall agree to abide by the following requirements for the duration of their association with the department. Failure to comply with all of these requirements may be cause for termination of the contract or removal from the no-preference wrecker call list as provided in Official Order No. 124.

1. The wrecker service shall neither conceal nor misrepresent any material facts when applying for or performing services under this agreement.
2. The wrecker service shall be legally established as a towing business (i.e., registered with the County Clerk as an assumed name business, or registered with the State of Michigan as a corporation) with operations within the post area.
 - A. Post office box numbers shall not be accepted.
 - B. All necessary equipment and storage facilities shall be located in the area to be served. Exceptions may be made for specialized equipment needs, as dictated by unique or emergency conditions.
3. The wrecker service shall comply with this Order, all rules and regulations prescribed by the MPSC (as applicable), local ordinances, zoning requirements, and state laws pertaining to this type of business.
4. Drivers and representatives of the wrecker service shall be professional and courteous in their dealings with the public.
5. The wrecker service shall maintain an effective means of communication with their trucks and drivers at all times.
6. Insurance
 - A. The wrecker service shall maintain adequate insurance coverage on its fleet and drivers.
 - B. The work site commander shall require that wrecker services provide a copy of their valid insurance policy, as well as copies of each renewal as long as their contract is in effect or they are list on the no-preference wrecker list.
 - C. If the wrecker service cannot provide proof of insurance coverage, they shall immediately have their contract canceled or be removed from all no-preference wrecker call lists until the work site commander is satisfied that the wrecker service is in compliance with insurance requirements.
7. Indemnification

The department shall not be held responsible for liabilities incurred while the wrecker service is providing service at a scene to which they were dispatched by the department. The wrecker service agrees that it is not acting as, nor will it represent itself as, an agent of the department while performing services.
8. Storage Facilities

The wrecker service shall own or have an exclusive, signed lease to a secure vehicle storage area of suitable size, properly zoned and adequately fenced, within the work site's assigned area. If the storage area is leased, the lease shall be valid through the term of the contract or no-preference list.

 - A. Documentation of zoning compliance and ownership or exclusive lease of the storage facility are required and shall be submitted with the wrecker service's application.
 - B. If the storage area location is different from the wrecker service's business location, it shall identify the physical location of the storage facility on the application.
 - C. The storage area shall only be accessible by the wrecker service.

- D. The storage area shall be capable of simultaneously holding a minimum of 20 passenger vehicles and at least four maximum-size tractor-trailer combinations if they are able to perform heavy-duty tows.
- E. If the wrecker service is unable to store a vehicle because there is insufficient storage area, they shall immediately notify the work site's on-duty supervisor. The wrecker service shall be financially responsible for any additional towing or storage charges associated with this situation.
- F. The wrecker service shall provide a separate area within their storage area for vehicles that have been identified as stolen or involved in criminal investigations, forfeitures, or other police-related matters.
- G. After having stored the vehicle for 20 days, the wrecker service agrees to contact the work site commander to initiate abandoned and unclaimed vehicle procedures specified in Section 11 below.

Under no circumstances shall the work site or department be charged for the storage of seized vehicles and vehicles held as evidence.

- H. The wrecker service shall be solely responsible for any damage or theft of vehicles and/or personal property while such vehicle and/or personal property stored on the wrecker service premises.
- I. When requested by a police agency, the wrecker service shall provide written notification identifying where a towed vehicle is physically being held.

9. Equipment

- A. The wrecker service agrees to properly maintain its trucks and clearly mark them as required by state law. The trucks shall not bear markings which would suggest or indicate that they are police vehicles.
- B. The wrecker service shall ensure that its drivers and equipment used for department requests are qualified under the provisions of the Motor Carrier Safety Act, 1963 PA 181, and the Michigan Vehicle Code, 1949 PA 300, as amended.
 - (1) The wrecker service shall maintain a minimum of two Class A-B-C trucks and two drivers on call to respond to requests for services under this contract 24 hours per day, 365 days per year.
 - (2) The wrecker service shall provide the work site commander with the following information for each of their trucks:
 - a. Vehicle class
 - b. Make Year, Model and GVWR (rating of chassis)
 - c. Number, capacity and type (i.e., fixed or moveable, manual or hydraulic) of booms
 - d. Number and size of winches
 - e. Size and quantity of cable for each winch
 - f. Lift type(s) (i.e., sling, wheel lift, chassis lift, roll back)
 - g. Rear wheel/axle configuration (i.e., duels, tandem duels)
 - h. Any additional equipment
 - i. Copy of each vehicle's registration
 - j. If leased, a copy of each vehicle's lease agreement
 - k. A copy of the last annual (periodic) certification inspection completed (shall be within the three months prior to the date of their application).
 - (3) The wrecker service shall maintain all equipment in safe, legal operating condition at all times and shall equip all vehicles with rotating amber lights visible from 360 degrees.
 - (4) If the wrecker service fails to maintain its equipment in good repair the work site commander may immediately cancel the contract or remove the service from the no-preference wrecker call list at any time during this contract.

10. Response to Calls for Service

- A. Requests for service received from enforcement members shall receive first response priority.

B. The wrecker service shall be available by telephone 24 hours a day, 365 days per year, with at least one wrecker immediately available, unless another schedule is deemed appropriate by the work site commander.

C. Answering Telephone Calls

(1) The wrecker service shall answer telephone calls for service within 10 rings.

(2) If the wrecker service fails to answer its telephone after 10 rings, or if it indicates that it cannot immediately handle a call, the work site commander shall notify the wrecker service in writing of noncompliance with their agreement.

(3) Upon the occurrence of three such written notices within a 12-month period, the work site commander shall have the right to immediately cancel the contract or remove the service from the no-preference list.

D. Response time to calls from the department shall be reasonable, as determined by the work site commander.

E. The wrecker service shall abide by all laws when responding to a scene and/or towing vehicles for the department, including equipment and traffic laws.

F. The wrecker service shall not send a truck to a police incident outside the agreed upon geographical area unless requested by an enforcement member.

11. Abandoned and Unclaimed Vehicles

A. The wrecker service shall comply with all applicable provisions of MCL 257.252a-g as they apply to abandoned vehicles.

B. The wrecker service shall not remove an abandoned vehicle from private property in accordance with MCL 257.252a without first notifying their affiliated work site.

C. The wrecker service agrees to serve as the custodian of the vehicle to ensure disposal of unclaimed vehicles as outlined in MCL 257.252g.

D. Unclaimed vehicles shall be disposed of at public auction held by the work site commander or their designee, per the instructions in Official Order No. 49, Enclosure (14).

12. Charges

A. The wrecker service shall be paid by the registered owner of the serviced vehicle.

B. Basic and Special Service Charges

Reasonable rates based on local industry standards shall be used for all services provided. The wrecker service shall provide a written copy of its rates detailing charges for all basic and special services to the work site commander no later than January 31st of each year.

C. Storage Charges

(1) The wrecker service may charge reasonable fees in addition to the basic and/or special charges for services performed in addition to the basic service. These charges may vary based on the size of the vehicle stored.

(2) Vehicles Excluded from Storage Charges

In the event a vehicle is towed and/or stored but a court later determines that it was improperly moved, the department shall not be charged a fee by the wrecker service unless payment is required by court order under MCL 254.252f.

D. Mileage Charges

- (1) A local industry standard amount may be charged per mile for mileage driven in excess of five miles from the point of hook-up to the storage facility or other designated destination. All mileage charges shall be calculated based on one way mileage.
- (2) The wrecker service shall provide a written copy of its mileage rates to the work site commander no later than January 31st of each year.

E. Charges for Canceled Calls

If a call requesting wrecker service is canceled prior to the service being provided (i.e., hooking up the vehicle), neither the work site nor the vehicle's owner/operator shall be obligated to compensate the towing company.

13. Towing Documentation

- A. Before towing any impounded vehicle from a scene as requested by an enforcement member, the wrecker service shall:

- (1) Obtain the vehicle's identification number from the vehicle, or from the officer at the scene.
- (2) Take an inventory listing the vehicle's contents.
 - a. Jointly sign this inventory with the enforcement member.
 - b. The wrecker service may also verify and sign an inventory taken by the enforcement member instead of completing their own.

- B. The wrecker service shall not remove a wrecked vehicle from the scene of an accident without authorization by a law enforcement agency.

14. Vehicle Redemption

- A. The wrecker service shall allow for the redemption of vehicles from their storage area at least eight hours per day, five days per week, and shall make their facility reasonably available after normal business hours upon receiving a telephone call from the vehicle owner.
- B. If there is a "hold" placed on a vehicle, the wrecker service shall not permit a vehicle owner to redeem an impounded vehicle or remove any of its contents without permission from the work site commander or their designee. Failure to comply with this section is grounds for termination of the contract or removal from the no-preference wrecker list.

15. The wrecker service agrees that intentional violations of Chapter II of the Michigan Vehicle Code for financial gain will result in their immediate termination of the contract or removal from the no-preference wrecker list and criminal prosecution where applicable.

I understand and agree to adhere to the above requirements. Failure to comply with all of these requirements or misrepresented or falsified information shall be cause for termination of my contract with the Department of State Police or removal from the department's no-preference wrecker call list.

Company	Eagle Towing		Address	10255 US Hwy 31	
City	Mondaville, IN		Owner/Agent	John H. H. H.	
Signature			Date	03/28/18	Telephone number (include area code)
ORIGINAL - Worksite			231 894-5424		
PHOTOCOPY - Applicant					

AUTHORITY:	1935 PA 59
COMPLIANCE:	Voluntary



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

2/19/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Kapnick Insurance Group P.O. Box 1801 Adrian MI 49221-7801	CONTACT NAME: Misty Riley PHONE (A/C, No, Ext): 517-266-6543 FAX (A/C, No): 517-263-6658 E-MAIL ADDRESS: misty.riley@kapnick.com <table style="width: 100%;"> <tr> <th style="text-align: left;">INSURER(S) AFFORDING COVERAGE</th> <th style="text-align: left;">NAIC #</th> </tr> <tr> <td>INSURER A : Central Mutual Insurance Co.</td> <td>20230</td> </tr> <tr> <td>INSURER B :</td> <td></td> </tr> <tr> <td>INSURER C :</td> <td></td> </tr> <tr> <td>INSURER D :</td> <td></td> </tr> <tr> <td>INSURER E :</td> <td></td> </tr> <tr> <td>INSURER F :</td> <td></td> </tr> </table>	INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Central Mutual Insurance Co.	20230	INSURER B :		INSURER C :		INSURER D :		INSURER E :		INSURER F :	
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INSURED John Heykoop dba Eagle Towing dba Heykoop Auto Sales Eagle Towing & Recovery 10255 Old US Hwy 31 Montague MI 49437	EAGLTOW-01														

COVERAGES **CERTIFICATE NUMBER:** 1677274639 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:		CLP 9764650	11/30/2017	11/30/2018	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 3,000,000 PRODUCTS - COMP/OP AGG \$ 3,000,000 \$
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS		BAP 9764626	11/30/2017	11/30/2018	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A			PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Garagekeepers Cargo/On Hook		CLP 9764650	11/30/2017	11/30/2018	See Notes Per Truck 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Motor Truck Cargo (Non-Auto in Tow) Deduct: \$1,000

Garagekeepers' (Includes Autos in Tow) Liability:

Location 1: 10255 Old US Hwy 31, Montague, MI 49437 - \$100,000

Location 2: 152 First Street, Shelby, MI 49455 - \$100,000

Location 3: 2844 South Mill Iron Street, Muskegon, MI 49444 - \$100,000

Garagekeepers' Comp Deduct: \$500 per auto; \$2,500 max per claim

See Attached...

CERTIFICATE HOLDER

Michigan State Police
 7150 Harris Drive
 Dimondale MI 48821

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE
Jamie S. Kapnick

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AGENCY CUSTOMER ID: EAGLTOW-01

LOC #: _____

**ADDITIONAL REMARKS SCHEDULE**Page 1 of 1

AGENCY Kapnick Insurance Group		NAMED INSURED John Heykoop dba Eagle Towing dba Heykoop Auto Sales Eagle Towing & Recovery 10255 Old US Hwy 31 Montague MI 49437	
POLICY NUMBER		EFFECTIVE DATE:	
CARRIER	NAIC CODE		

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,
 FORM NUMBER: 25 FORM TITLE: CERTIFICATE OF LIABILITY INSURANCE

Garagekeepers' Coll Deduct: \$500

AUTOMATIC STATUS POLICY FORMS (WHEN REQUIRED BY WRITTEN CONTRACT OR WRITTEN AGREEMENT WITH NAMED INSURED, PER POLICY TERMS & CONDITIONS)

GENERAL LIABILITY

- Additional Insureds
- 8-1889 (07/14) - General Liability Plus Endorsement
- Additional Insured - Owners, Lessees, or Contractors - Automatic Status
- Additional Insured - Managers or Lessors of Premises - Automatic Status
- Additional Insured - Lessor of Leased Equipment - Automatic Status
- Additional Insured - Vendors - Automatic Status
- Primary and Non Contributory - Per Form 8-1889 (07/14)
- Waiver of Subrogation - Per Form 8-1889 (07/14)

AUTO LIABILITY

- Additional Insureds
- 3-2546 (03/10) - BAP Plus Coverage Endorsement - Additional Insured - Automatic Status
- Waiver of Subrogation - Per Form 3-2546 (03/10)

 USDOT Number MC/MX Number Name

Enter Value: 1711644

Search

Company Snapshot

EAGLE TOWING & RECOVERY

USDOT Number: 1711644

ID/Operations	Inspections/Crashes In US	Inspections/Crashes In Canada	Safety Rating
1			
2			
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Carriers: If you would like to update the following ID/Operations information, please complete and submit form MCS-150 which can be obtained online or from your State FMCSA office. If you would like to challenge the accuracy of your company's safety data, you can do so using FMCSA's DataQs system.

Other information for this Carrier

SMS Results

♥ Licensing & Insurance

Carrier and other users: FMCSA provides the Company Safety Profile (CSP) to motor carriers and the general public interested in obtaining greater detail on a particular motor carrier's safety performance than what is captured in the Company Snapshot. To obtain a CSP please visit the [CSP order page](#) or call (800)832-5660 or (703)280-4001 (Fee Required).

For help on the explanation of individual data fields, click on any field name or for help of a general nature go to [SAFER General Help](#).

The information below reflects the content of the FMCSA management information systems as of 02/20/2018.

Entity Type:	CARRIER																																			
Operating Status:	AUTHORIZED FOR Property	Out of Service Date: None																																		
Legal Name:	EAGLE TOWING & RECOVERY																																			
DBA Name:																																				
Physical Address:	10255 US HWY 31 MONTAGUE, MI 49437																																			
Phone:	(231) 861-8988																																			
Mailing Address:	10255 US HWY 31 MONTAGUE, MI 49437																																			
USDOT Number:	1711644	State Carrier ID Number:																																		
MC/MX/FF Number(s):	MC-53889	DUNS Number:	11-746-7225																																	
Power Units:	7	Drivers:	9																																	
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Operation Classification:																																				
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<input type="checkbox"/> Logs, Poles, Beams, Lumber	<input type="checkbox"/> Livestock	<input type="checkbox"/> Utilities																																		
<input type="checkbox"/> Building Materials	<input type="checkbox"/> Grain, Feed, Hay	<input type="checkbox"/> Agricultural/Farm Supplies																																		
<input type="checkbox"/> Mobile Homes	<input type="checkbox"/> Coal/Coke	<input type="checkbox"/> Construction																																		
<input checked="" type="checkbox"/> Machinery, Large Objects	<input type="checkbox"/> Meat	<input type="checkbox"/> Water Well																																		
<input type="checkbox"/> Fresh Produce	<input type="checkbox"/> Garbage/Refuse																																			
	<input type="checkbox"/> US Mail																																			

ID/Operations	Inspections/Crashes In US	Inspections/Crashes In Canada	Safety Rating
1			
2			
3			
4			
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6			
7			
8			
9			
10			
11			
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US Inspection results for 24 months prior to: 02/20/2018

Total Inspections: 0

Total IEP Inspections: 0

Note: Total inspections may be less than the sum of vehicle, driver, and hazmat inspections. Go to [Inspections Help](#) for further information.

Inspections:				
Inspection Type	Vehicle	Driver	Hazmat	IEP
Inspections	0	0	0	0
Out of Service	0	0	0	0
Out of Service %	0%	0%	0%	0%
Nat'l Average % (2009-2010)	20.72%	5.51%	4.50%	N/A

Crashes reported to FMCSA by states for 24 months prior to: 02/20/2018

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Crashes:				
Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

Canadian Inspection results for 24 months prior to: 02/20/2018

Total inspections: 0

Note: Total inspections may be less than the sum of vehicle and driver inspections. Go to [Inspections Help](#) for further information.

Inspections:		
Inspection Type	Vehicle	Driver
Inspections	0	0
Out of Service	0	0
Out of Service %	0%	0%

Crashes results for 24 months prior to: 02/20/2018

Note: Crashes listed represent a motor carrier's involvement in reportable crashes, without any determination as to responsibility.

Crashes:				
Type	Fatal	Injury	Tow	Total
Crashes	0	0	0	0

[ID/Operations](#) | [Inspections/Crashes In US](#) | [Inspections/Crashes In Canada](#) | [Safety Rating](#)

The Federal safety rating does not necessarily reflect the safety of the carrier when operating in intrastate commerce.

Carrier Safety Rating:

The rating below is current as of: 02/20/2018

Review Information:

Rating Date:	None	Review Date:	None
Rating:	None	Type:	None

<

Unified Carrier Registration

Receipt number: 2018501010479
Registration Year: 2018
Expiration Date: 12/31/2018
Legal Name: EAGLE TOWING & RECOVERY
USDOT Number: 1711644
MC Number: 53889
Telephone Number: 2318618988
Base State: MI
Business Address: 10255 Us Hwy 31
Montague, MI 49437
Mailing Address: 10255 Us Hwy 31
Montague, MI 49437
Classification: Motor Carrier

Payment Details

Transaction Type	Total Vehicles	Certified By	Fee Paid	Amount	Convenience Fee	Fee Paid Date	PLN
REGISTRATION	7	JOHN HEYKOOP	Yes	\$410.00	\$3.75	01/06/2018	18UC0016208

Note:

If Fee Paid is 'Payment Error', please contact your financial organization OR contact 317-615-7350.

Account Information

User Account for **ANDREW HEYKOOP**

CONTACT USER

Login name: aheykoop

Email Address: andrew@eagletowing.us CHANGE

Personal Phone: 231-736-9821 Personal Fax: 231-861-0579

Password: ***** CHANGE**EAGLE TOWING & RECOVERY 3**UPDATE INFORMATION

DBA Name: EAGLE TOWING & RECOVERY

Phone: 231-894-5424 Fax: 231-861-0579

Company Type: TOW

Physical Address:	Mailing Address:
10255 US HWY 31	10255 US HWY 31
MONTAGUE, MI 49437	MONTAGUE, MI 49437

Current Active Users

User Account for **ANDREW HEYKOOP**

CONTACT USER

Login name: aheykoop

Email Address: andrew@eagletowing.us

Personal Phone: 231-736-9821 Personal Fax: 231-861-0579

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NMVITS



STATE OF MICHIGAN
RUTH JOHNSON, SECRETARY OF STATE
DEPARTMENT OF STATE
LANSING

DUPLICATE-08-07-17

CONFIRMATION OF ENROLLMENT

January 15, 2015

Eagle Towing
10255 Old Hwy 31
Montague, MI 49437

This letter confirms that you are enrolled in the Abandoned Vehicle Program in accordance with Michigan law [MCL 257.252a(7) and MCL 257.252g(2)(c)]. By setting up an Electronic Funds Transfer (EFT) account with the Michigan Department of State, you agree:

1. To submit the disposition of every abandoned vehicle in your custody by means of the *Michigan Auto Lost and Found* Web site at www.Michigan.gov/sos.
2. To remit by EFT \$25 of the \$40 abandoned vehicle fee for vehicles in your custody that have been redeemed by the vehicle owner or sold at auction.
3. To remit the remaining \$15 to the towing agency.
4. To be responsible for the accuracy, authenticity and validity of all information submitted.
5. To vouch for the identity and authority of any individual that you may designate to submit any information required as part of the Abandoned Vehicle Program.
6. To hold the state of Michigan harmless for all use made of the information submitted through the department's Web site, including any information required to allow the \$25 EFT from your designated account.
7. To immediately notify the department in writing of any change in the information you have provided, including the name, address or telephone number of your business. This information may be submitted by e-mail to SOSWebmaster@michigan.gov or fax at (517) 322-3928. Please include the phrase "Abandoned Vehicle" in the subject line of your e-mail.
8. That any violation of state law or the policies or procedures of either the department or local law enforcement authorities may result in your removal from the Abandoned Vehicle EFT Program.

To report an abandoned vehicle disposition online, you will need the following three numbers:

- Your Custodian Identification (CID) Number, which is **1918**
- Your Electronic Funds Transfer (EFT) Number, which is **V2396**.
- Your Personal Identification Number (PIN), which will be sent to you under separate cover.

For your protection, please keep these numbers confidential. Only individuals with the authorization to submit abandoned vehicle dispositions online should have access to them. If you have any questions about your EFT account or submitting a vehicle disposition online, please call (517) 636-5234.

MUSKEGON COUNTY TREASURER**DELINQUENT TAX RECEIPT****000356837D**

TONY MOULATSIOTIS
173 E APPLE AVE SUITE 104
MUSKEGON MI 49442

(231) 724-6261

TAX YEAR: 2016
DATE PAID: 02/01/18
INTEREST DATE: 02/01/18

CHECKS ARE ACCEPTED AS CONDITIONAL PAYMENT. IF NOT HONORED BY THE BANK, THE TAX IS CONSIDERED UNPAID AND THE RECEIPT IS VOID. THE TREASURER IS NOT RESPONSIBLE FOR PAYMENT ON THE WRONG PARCEL. APPLICATION MADE TO PAY THE YEAR'S TAX OR ITEM OF TAX APPEARING ON THIS RECEIPT AND NO OTHER.

PARCEL: 02-009-300-0020-10**UNIT: MONTAGUE TOWNSHIP****HEYKOOP JOHN**

290 FERRY
SHELBY

MI 49455

AMOUNT PAID: 2,957.54**CHECK NO: 1493****CASHIER NO: LundholmN****COMMENTS:**

	PREV. AMT DUE	PAYMENT	DUE IF PAID THIS MONTH
BASE TAX	2,536.67	2,536.67	0.00
INTEREST	304.40	304.40	
ADMIN FEE	101.47	101.47	
EXPENSE OF SALE			
OTHER			
OVER/UNDER			
PA123 FEES	15.00	15.00	
TOTAL	2,957.54	2,957.54	0.00

LEGAL DESCRIPTION: MONTAGUE TOWNSHIP SEC 9 T12N R17W THE E 600 FT OF E 1/2 OF SW 1/4 EXC THE N 2100 FT THEREOF ALSO EXC THE S 330 FT THEREOF AND ALSO EXC THE E 125 FT THEREOF TAKEN FOR HIGHWAY PURPOSES

PROPERTY ADDRESS: 10255 US 31**CHECK YOUR DESCRIPTION:**

The Treasurer is not responsible for payment on the wrong parcel.

If you pay on the wrong description,

we are not permitted to make adjustments later.


County Treasurer

OCEANA COUNTY TREASURER
MARY LOU PHILLIPS
PO BOX 227
HART MI 49420
231-873-3980

OCEANA COUNTY

DELINQUENT TAX RECEIPT

RECEIPT NO: 0000096590
DATE PAID: 02/01/18
TAX YEAR: 2016

DELINQUENT TAX RECEIPT

UNIT: VILLAGE OF SHELBY
PARCEL: 046-107-042-50

COPY

RECEIVED OF: HEYKOOP JOHN & CAROL

296 FERRY
SHELBY

MI 49455

	PREV. AMT DUE	PAYMENT	DUE IF PAID THIS MONTH
BASE TAX	1,755.76	1,755.76	
INTEREST	210.69	210.69	
ADMIN FEE	70.23	70.23	PAID IN FULL
EXPENSE OF SALE			
OTHER			
OVER/UNDER			
RECONVEYANCE FEES	15.00	15.00	
TOTAL	2,051.68	2,051.68	

LEGAL DESCRIPTION:

WD956613 MLC959237 QC-L2006P18587 LOTS 43, 44, 45, 46, 47, 48, 49 & 50 & S 38 FT OF LOT 42 BLOCK 7 SHELBY VILLAGE VILLAGE OF BARNETT.

CHECK YOUR DESCRIPTION:

The Treasurer is not responsible for payment on the wrong parcel.

If you pay on the wrong description, we are not permitted to make adjustments later.

COPY

Mary Lou Phillips
County Treasurer

DELINQUENT TAX RECEIPT

UNIT: VILLAGE OF SHELBY
PARCEL: 046-107-042-50

HEYKOOP JOHN E & CAROL D

290 FERRY ST
SHELBY MI 49455

RECEIPT NO: 0000096590
DATE PAID: 02/01/18
TAX YEAR: 2016
AMOUNT PAID: 2,051.68
CHECK NO: 1495
CASHIER: TAX

	PREV. AMT DUE	PAYMENT	DUE IF PAID THIS MONTH
BASE TAX	1,755.76	1,755.76	
INTEREST	210.69	210.69	
ADMIN FEE	70.23	70.23	PAID IN FULL
EXPENSE OF SALE			
OTHER			
OVER/UNDER			
RECONVEYANCE FEES	15.00	15.00	
TOTAL	2,051.68	2,051.68	

COPY

**MONTAGUE TOWNSHIP
APPLICATION TO PLANNING COMMISSION FOR SITE PLAN REVIEW**

Note: This application form is intended for use for all requests for site plan review as set forth in Article 8 of the Montague Township Zoning Ordinance. A copy of Section 8 is attached to this application form.

1. Name and Address of Applicant(s): Eagle towing
10255 old Hwy 31 Montague, MT 59437

2. Applicant's telephone Number: 231-894-5424

3. Name(s) and address(es) of owners of the property, if other than the applicants as set forth in paragraph 1: _____

4. Property Address: 10255 old Hwy 31 Montague

5. Property legal description: Attach to this application a copy of the deed, land contract memorandum, title insurance policy, or other document indicating the full and correct legal description of the property for which a conditional use permit is sought. Also attach a copy of a survey (if the Applicant has one).

6. Property Tax Identification Number: 02-009-300-0020-10
(May be obtained from property tax bill or notice)

7. Projected construction start-up date for project, if the site plan is approved: immediately

8. Checklist: Has the Applicant submitted with this application the following:

a. Payment of the \$75.00 site application fee (checks made payable to Montague Township)? ☒ Yes ☐ No

b. Has the Applicant submitted the document(s) and information as required by Section 8.04 of the Zoning Ordinance and by paragraph 5 of this application?:
☒ Yes ☐ No

9. Additional Statements. If there is any additional information that the applicant believes is important, set forth the information on an additional sheet and attach it to this application.

Date: _____

Applicant*

Date: 27 Oct 16

Owner*

*If the Applicant is not the Owner of the property, then both the Applicant and the Owner must sign this application.

DECISION OF PLANNING COMMISSION

The recommendation of Planning Commission is:

____ a. Approved, for the following reasons (attach additional sheets as necessary): _____

____ b. Denied, for the following reasons (attach additional sheets as necessary): _____

☒ c. Approved, subject to the following additional terms and conditions. Attach additional sheets if necessary): Exhibit 1

Dated: Nov 4, 2016

Stewart B. Scholl
Planning Commission Chairperson

Jay move yes
Charley 2nd yes
Scholl yes
Korthase yes

**MONTAGUE TOWNSHIP
APPLICATION FOR ZONING PERMIT**

1. State the names of all owners of the land for which a zoning permit is requested:

John Heykoop

2. State the address at which the owner(s) may be contacted: 10255 Old 45
Hwy 31 Montague, MI 48837

3. Telephone number of applicant: 231-894-5429

4. Fax number (if any) of applicant: 300-0020-10

5. Tax ID # of parcel: 61-02-900-251-0169-00

6. Address of parcel (if different than paragraph 2): _____

7. Legal Description: Attach to this permit application the legal description of the parcel. You may satisfy this provision by attaching a copy of your tax bill, deed or land contract. Have you attached such document? ☒ Yes ☐ No

8. In acres or square feet (as applicable) state the area of the parcel: 3 Acres

9. Parcel frontage/width in feet: 300

10. Parcel depth in feet: 1200

11. Describe the structure, building, or use that is proposed: Storage of

Automobiles / Towing along w/ General office use

(Also see 9/1/2014 permit which is still ongoing)

12. Describe any buildings or other structures already located on the parcel:

Office and Storage Building

13. State for any proposed structure or building:

N/A existing Buildings

A. The distance between the nearest street right-of-way line and the building or structure: _____

B. The distance between the rear lot line and the proposed building or structure: _____

C. The distance between the nearest side lot line and the proposed building or structure: _____

D. The distance between the most distant side lot line and the proposed building or structure: _____

14. What will be the size of the proposed structure or building: NA

15. What will be the height of the proposed structure or building: NA

16. Do you intend to excavate or engage in any construction within:

- | | | | |
|----|---|-----------|-------------|
| a. | A designated flood plain? | _____ Yes | <u>/</u> No |
| b. | A designated wetland? | _____ Yes | <u>/</u> No |
| c. | Within 500 feet of any lake, river or stream? | _____ Yes | <u>/</u> No |

If the answer is yes, then the Township cannot grant you a zoning permit until you have approval from the proper state department. For a designated flood plain or for a designated wetland contact the DEQ at 616-356-0500. For soil erosion (within 500 feet of any lake, river or stream) contact the Muskegon County Department of Public Works at 231-724-6411.

17. Is there an existing driveway that abuts a street? X Yes _____ No

a. Does the driveway abut a: _____ Private Street X Public Street

18. Have you obtained an approved driveway permit from the Muskegon County Road Commission? X Yes _____ No X N/A (If yes, attach a copy hereto).

19. Checklist: Has the Applicant submitted with this application the following:

a. Payment of the \$25.00 zoning permit application fee (checks made payable to Montague Township)? ☒ Yes ☐ No

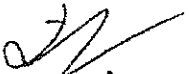
b. A site plan signed and dated by the applicant, consistent with the Township Zoning Ordinance (showing the location of abutting streets, the location of all existing and proposed structures, and the setbacks of the proposed buildings or structures)? ☒ Yes ☐ No

c. A legal description of the parcel (see #7 above)? ☒ Yes ☐ No

d. A copy of the approved driveway permit? ☐ Yes ☐ No ☒ N/A

20. Additional Statements. If there is any additional information that the applicant believes is important, set forth the information on an additional sheet and attach it to this application.

Signature of at least one owner:


Print Name: John F. Cacci

Date: 27 Oct 16

PERMIT

The foregoing application is approved. This permit becomes null and void in the event that there has not been undertaken, on a material and substantial basis, commencement of construction on the project within one (1) year of issuance of said permits.

Approved.


Zoning Administrator

Date: Nov 4, 2016

Zoned: C- Commercial

MONTAGUE TOWNSHIP

2016 Summer

Bill #:

<p align="center">MESSAGE TO TAXPAYER</p> <p>INTEREST RATE CALCULATION: SEPT 15-30 1% OCT 2% NOV 3% DEC 4% JAN 5% FEB 1- 16 6%. ON MARCH 1 ALL UNPAID TAXES ARE RETURNED TO MUSKEGON COUNTY TREASURER AS DELINQUENT. IF YOU HAVE ANY QUESTIONS, CALL TWP TREASURER AT 231-894-9255. IF YOU REQUEST A RECEIPT, PLEASE ENCLOSED A SELF-ADDRESSED, STAMPED ENVELOPE.</p>	<p align="center">PAYMENT INFORMATION</p> <p>This tax is due by: 09/14/2016</p> <p>Pay by mail to: MONTAGUE TOWNSHIP C/O 10941 HENDERSON ROAD MONTAGUE, MI 49437</p> <p>OR DIRECT AT COMERICA BANK, MONTAGUE OR AT TWP HALL, TUESDAYS 10-4</p>																		
<p align="center">PROPERTY INFORMATION</p> <p>Property Assessed To: EAGLES TOWING 10255 US 31 MONTAGUE, MI 49437</p> <p>Prop #: 61-02-900-251-0169-00 61180.MONTAGUE PUBL Prop Addr: 10255 US 31 School: 61180</p> <p>MICH BUS TAX COMM PERSONAL EXEMPTION</p> <p>Legal Description: CITY OF MONTAGUE</p>	<p align="center">TAX DETAIL</p> <table style="width: 100%;"> <tr> <td>Taxable Value:</td> <td align="right">1,300</td> <td>COMMERCIAL PERSONA</td> </tr> <tr> <td>State Equalized Value:</td> <td align="right">1,300</td> <td>Class: 251</td> </tr> <tr> <td>PRE/MBT %:</td> <td align="right">100.0000</td> <td>Mort Code:</td> </tr> </table> <div style="border: 1px solid black; padding: 5px; margin-top: 5px;"> <p>Taxes are based upon Taxable Value. 1 mill equals \$1.00 per \$1000 of Taxable Value. Amounts with no millage are either Special Assessments or other charges added to this bill.</p> </div> <table style="width: 100%; margin-top: 5px;"> <thead> <tr> <th style="text-align: left;">DESCRIPTION</th> <th style="text-align: right;">MILLAGE</th> <th style="text-align: right;">AMOUNT</th> </tr> </thead> <tbody> <tr> <td>STATE EDUCATION</td> <td align="right">6.00000</td> <td align="right">7.80</td> </tr> <tr> <td>COUNTY OPERATING</td> <td align="right">5.69840</td> <td align="right">7.40</td> </tr> </tbody> </table>	Taxable Value:	1,300	COMMERCIAL PERSONA	State Equalized Value:	1,300	Class: 251	PRE/MBT %:	100.0000	Mort Code:	DESCRIPTION	MILLAGE	AMOUNT	STATE EDUCATION	6.00000	7.80	COUNTY OPERATING	5.69840	7.40
Taxable Value:	1,300	COMMERCIAL PERSONA																	
State Equalized Value:	1,300	Class: 251																	
PRE/MBT %:	100.0000	Mort Code:																	
DESCRIPTION	MILLAGE	AMOUNT																	
STATE EDUCATION	6.00000	7.80																	
COUNTY OPERATING	5.69840	7.40																	
<p align="center">OPERATING FISCAL YEARS</p> <p>The taxes on bill will be used for governmental operations for the following fiscal year(s):</p> <p>County: OCTOBER 1 - SEPTEMBER 30</p> <p>Twn/Cty: JULY 1 - JUNE 30</p> <p>School: JULY 1 - JUNE 30</p> <p>State: OCTOBER 1 - SEPTEMBER 30</p> <p>Does NOT affect when the tax is due or its amount</p>	<table style="width: 100%; margin-top: 20px;"> <tr> <td style="width: 60%;">Total Tax</td> <td align="right">11.69840</td> <td align="right">15.20</td> </tr> <tr> <td>Administration Fee</td> <td></td> <td align="right">0.15</td> </tr> <tr> <td>TOTAL AMOUNT DUE</td> <td></td> <td align="right">15.35</td> </tr> </table>	Total Tax	11.69840	15.20	Administration Fee		0.15	TOTAL AMOUNT DUE		15.35									
Total Tax	11.69840	15.20																	
Administration Fee		0.15																	
TOTAL AMOUNT DUE		15.35																	

Please detach along perforation. Keep the top portion.

Mort Code

Bill #

Pay this tax to:

MONTAGUE TOWNSHIP
C/O 10941 HENDERSON ROAD
MONTAGUE, MI 49437
OR DIRECT AT COMERICA BANK, MONTAGUE
OR AT TWP HALL, TUESDAYS 10-4

PLEASE RETURN THIS PORTION WITH PAYMENT. THANK YOU.

This tax is due by: 09/14/2016

After 09/14/2016 additional interest and fees apply

2016 Summer Tax for Prop #: 61-02-900-251-0169-00

TAXPAYER NOTE: Is your name & mailing address correct?
If not, please make corrections below. Thank You.

Property Addr: 10255 US 31

Make Check Payable To: MONTAGUE TOWNSHIP

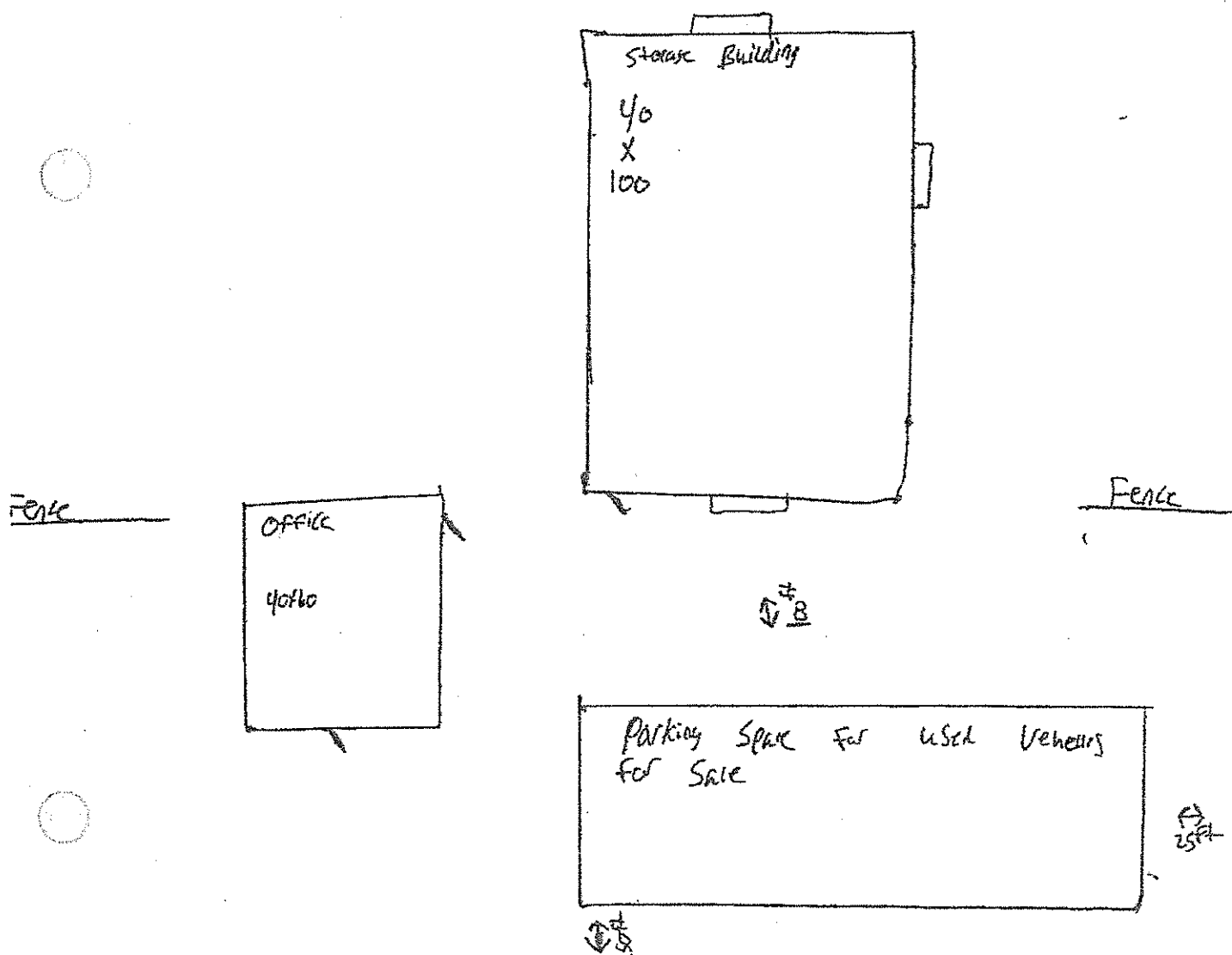
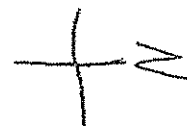
TOTAL AMOUNT DUE: 15.35

Amount Remitted: _____

To: EAGLES TOWING
JOHN HEYKOOP
10255 US 31
MONTAGUE MI 49437

27 OCT 18
John Heggie
bailiff

3 Acre Lot
Zoned Commercial



mlh 11/24/21

EXHIBIT 1

The following criteria were discussed by the Planning Commission Members pursuant to Section 8.06 of the Montague Township Zoning ordinance:

1. That there is a proper relationship between the existing streets in the vicinity and proposed deceleration lanes, service drives, entrance and exit driveways and parking areas to assure the safety and convenience of pedestrian and vehicular traffic.

PC Comment: There is an existing business on the site. There are no other driveways or entrances since the original building has been there. This is the same as the original site plan. This criteria is met

2. That the building or structure and entryways thereto proposed to be located upon the lot are so situated and designed as to minimize adverse effects therefrom upon owners and occupants of adjacent properties, the neighborhood, and the traveling public.

PC Comment: The business has been a good neighbor. There is an existing berm on the property. This criteria is met.

3. That as many natural features of the landscape shall be retained as possible where they furnish a barrier or buffer between the project and adjoining properties used for dissimilar purposes and where they assist in preserving the general appearance of the neighborhood or help control erosion or the discharge of storm waters.

PC Comment: There are no changes being made to the property. This criteria is met.

4. That any adverse effects of the proposed development and activities emanating therefrom upon adjoining residents or owners shall be minimized by appropriate screening, fencing or landscaping.

PC Comment: There is a berm and a fence between the hotel and Heykoops. There is a fence on the North side of Heykoop's property. There are no problems with this criteria (i.e. no adverse effects).

5. That all provisions of the Township Zoning Ordinance are complied with unless an appropriate variance therefrom has been granted.

PC Comment: This criteria is met as long as applicant meets the conditions set forth in the site plan as approved by the Planning Commission.

6. That any building or structure is accessible to emergency vehicles.

PC Comment: This criteria is met.

7. That the plan, as approved, is consistent with the intent and purpose of zoning to promote public health, safety, morals and general welfare; to encourage the use of lands in accordance with their character and adaptability; to avoid the overcrowding of population; to lessen congestion on the public and private streets; to reduce hazards to life and property; to facilitate adequate provisions for a system of transportation, sewage disposal, safe and adequate water supply, education, recreation, and other public requirements; and to conserve the expenditure of funds for public improvements and services; to conform with the most advantage uses of land, resources and properties; to conserve property values and natural resources; and to develop each lot according its peculiar suitability for particular uses and the general and appropriate trend and character of land, building and population development.

PC Comment: There is a privacy fence; all other criteria are met.

Condition to Granting of Site Plan:

1. Vehicles towed to the site shall be stored in the building or behind the building in the fenced in area. If a vehicle is brought to the front of the building for another company to retrieve, said vehicle shall only remain in the front of the building for a period of 12 hours, or picked up the same day the vehicle is brought to the front of the building.



February 26, 2018

John Heykoop
151 First Street
Shelby, MI 49455

To Whom It May Concern:

The storage facility located at 151 First Street, Shelby MI 49455, is grandfathered into the current Village of Shelby Zoning Ordinances and therefore does not violate any Village Ordinances. This facility offers storage units as well as uncovered storage for vehicles or other equipment. This business is required to follow State law and Village Ordinances as it pertains to the sale of any vehicle on this property.

If you have any questions, please do not hesitate to contact me at your convenience at 861-4400.

Sincerely,

Chelsea Stratil
Village Administrator

Village Clerks Office
Ph: 231-861-4400. Fax: 231-861-7449
E-mail: clerk@shelbyvillage.com

The Village of Shelby is an equal
opportunity employer

Village Administrators Office
Ph: 231-861-4400 Fax: 231-861-7449
E-mail: villageofshelby@gmail.com

BCSACD-500 (Rev. 03/07)

MICHIGAN DEPARTMENT OF LABOR & ECONOMIC GROWTH BUREAU OF COMMERCIAL SERVICES	
Date Received	(FOR BUREAU USE ONLY)
<p>Trans Info: 14755593-1 03/09/09 Check: 1045 Amt: 260.00 TO: EAGLE TOWING</p>	
<p>This document is effective on the date filed, unless a subsequent effective date within 90 days after received date is stated in the document.</p>	
Name	John Heykoop
Address	89 Pine St.
City	Shelby
State	MI
ZIP Code	49955
<p>Document will be returned to the name and address you enter above. If left blank document will be mailed to the registered office.</p>	
<p>FILED MAR 12 2009 Administrator BUREAU OF COMMERCIAL SERVICES</p>	
EFFECTIVE DATE:	

ARTICLES OF INCORPORATION
 For use by Domestic Profit Corporations
 (Please read information and instructions on the last page)

02269M

Pursuant to the provisions of Act 284, Public Acts of 1972, the undersigned corporation executes the following Articles:

ARTICLE I

The name of the corporation is:

EAGLE Towing and Recovery Inc.

ARTICLE II

The purpose or purposes for which the corporation is formed is to engage in any activity within the purposes for which corporations may be formed under the Business Corporation Act of Michigan.

Towing of Vehicles

ARTICLE III

The total authorized shares:

1. Common Shares 60,000
- Preferred Shares NONE

2. A statement of all or any of the relative rights, preferences and limitations of the shares of each class is as follows:

NONE

ARTICLE IV

1. The name of the resident agent at the registered office is: John Heykoop
2. The address of the registered office is:
- 89 Pine St. Shelby, Michigan 49955
 (Street Address) (City) (ZIP Code)
3. The mailing address of the registered office, if different than above:
- Same, Michigan _____
 (Street Address or P.O. Box) (City) (ZIP Code)

STOP **DO NOT COMPLETE THIS FORM FOR A LIMITED LIABILITY COMPANY (LLC) OR CORPORATION (INC). THOSE TYPES OF BUSINESSES MUST BE FILED WITH THE STATE OF MICHIGAN. IT IS THE RESPONSIBILITY OF THE UNDERSIGNED TO DETERMINE IF THE NAME OF THE BUSINESS BELOW IS FILED IN ANY OTHER FORM IN ANOTHER JURISDICTION.**

**BUSINESS REGISTRATION CERTIFICATE
PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME, OR
PARTNERSHIP
County of Oceana, Office of County Clerk**

THE UNDERSIGNED hereby certifies, under the provisions of P.A. No. 101, P.A. of MI, for the year 1907, as amended, that the following person (or persons) now owns, carries on, conducts or transacts, or intends to own, carry on, conduct, or transact, a business, or maintain an office or place of business, in the County of Oceana, State of Michigan, under the name, designation or style set forth below:

FILING FEE -- \$10.00

1. Name of Business Eagle Tower
 2. Full Address of Business 89 PER SHIP
 Mailing Address if different _____

3. NAME OF PERSON OR PERSONS, owning, conducting, transacting, or composing the above business, and the home post office address of each.

NAME OF PERSON	RESIDENCE ADDRESS (Street, City, State)
(Print) <u>5049 Haystack</u>	<u>320 PER 12</u>
(Print) _____	_____
(Print) _____	_____
(Print) _____	_____

4. PARTNERSHIP CERTIFICATE. The Undersigned hereby certify under the provisions of P.A. No. 164, P.A. of MI for the year 1913, as amended, that:
- (a) The Business mentioned herein (Insert "IS" or "IS NOT") _____ a Partnership.
 (If the Business IS a Partnership, fill in the blank line under (b) below.)
- (b) Length of Time General Partnership is to continue. (Insert either the Term agreed on by the Partners, or the statement "not limited", _____)

5. SIGNATURES OF ALL PERSONS LISTED ABOVE -(Signature) _____
 Acknowledged before a NOTARY PUBLIC

(Signature) _____

(Signature) _____

(Signature) _____

STATE OF MICHIGAN Subscribed and sworn to before me this 28th day of January A.D., 2014 by all persons listed above.

COLLEEN K. REYNA
 Notary Public, Oceana County, MI
 My Commission Expires 04/12/18

(Signature) Colleen K. Reyna

(Print) Colleen K. Reyna

Notary Public, Oceana County, Michigan (Acting in Oceana County)

Acting in the County of Oceana

My Commission expires: 4-12-18

STATE OF MICHIGAN
 COUNTY OF OCEANA

I, Rebecca J. Griffin, Clerk of the County of Oceana and the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original of record in my office, and that the same is a correct transcript therefrom, and of the whole of such original.

I HEREBY CERTIFY this to be a true and correct copy of the document on file with the Office of the COUNTY CLERK. 3-28-18 PM
 This Certified Copy VALID Only When SEAL and RED SIGNATURE ARE AFFIXED.
Rebecca J. Griffin, Oceana County Clerk
Roberta S. Dennert, Oceana County Chief Deputy Clerk
 Oceana County Clerk

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit, at the City of _____ A.D., 2014.
 By: Robert Eadie Deputy
 OCEANA COUNTY CLERK/DEPUTY COUNTY CLERK

STOP **DO NOT COMPLETE THIS FORM FOR A LIMITED LIABILITY CORPORATION (LLC) OR CORPORATION (INC). THOSE TYPES OF BUSINESSES MUST BE FILED WITH THE STATE OF MICHIGAN.

**BUSINESS REGISTRATION CERTIFICATE
PERSON CONDUCTING BUSINESS UNDER ASSUMED NAME, OR
PARTNERSHIP
County of Oceana, Office of County Clerk**

THE UNDERSIGNED hereby certifies, under the provisions of P.A. No. 101, P.A. of MI, for the year 1907, as amended, that the following person (or persons) now owns, carries on, conducts or transacts, or intends to own, carry on, conduct, or transact, a business, or maintain an office or place of business, in the County of Oceana, State of Michigan, under the name, designation or style set forth below:

FILING FEE -- \$10.00

1. Name of Business Eagle Tame?
2. Full Address of Business 80 Pine
- Mailing Address if different 3421 By mi 49455
3. NAME OF PERSON OR PERSONS, owning, conducting, transacting, or composing the above business, and the home post office address of each.

	NAME OF PERSON	RESIDENCE ADDRESS (Street, City, State)
(Print)	<u>John Henry</u>	<u>290 4th 49455</u>
(Print)	_____	_____
(Print)	_____	_____
(Print)	_____	_____

4. PARTNERSHIP CERTIFICATE. The Undersigned hereby certify under the provisions of P.A. No. 164, P.A. of MI for the year 1913, as amended, that:

- (a) The Business mentioned herein (Insert "IS" or "IS NOT") IS NOT a Partnership.
(If the Business **IS** a Partnership, fill in the blank line under (b) below.)
- (b) Length of Time General Partnership is to continue. (Insert either the Term agreed on by the Partners, or the statement "not limited") _____

5. SIGNATURES OF ALL PERSONS LISTED ABOVE - (Signature) _____
- Acknowledged before a Notary Public

(Signature) _____

(Signature) _____

(Signature) _____

STATE OF MICHIGAN

Subscribed and sworn to before me this 11th day of MAY A.D., 2007 by all persons listed above.

(Signature) Gail L. Schulte

(Print) GAIL L. Schulte

Notary Public, Oceana County, Michigan (Acting in Oceana County)

My Commission expires: 4/22/2012

STATE OF MICHIGAN
COUNTY OF OCEANA

I, Rebecca J. Griffin, Clerk of the County of Oceana and the Circuit Court thereof, do hereby certify that I have compared the foregoing copy of Business Registration Certificate with the original of record in my office, and that the same is a correct transcript therefrom, and of the whole of such original.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Circuit, at the City of Hart, this 11th day of May A.D., 2007.

I HEREBY CERTIFY this to be a true and correct copy of the document on file with the office of COURT CLERK, Oceana County, Michigan. and RED SIGNATURE Are Affixed.

Rebecca J. Griffin
Oceana County Clerk

By: Robert Eadie Deputy

OCEANA COUNTY CLERK/DEPUTY COUNTY CLERK

D.B.A. File No. 4651
Certificate Exp. 5-11-12
Certificate Filed 5-11-07
Dissolved _____

OFFICE OF THE MUSKEGON COUNTY CLERK
Nancy A. Waters, County Clerk
 990 Terrace St., 1st Floor, Muskegon, MI 4944
 Phone: (231) 724-6221

DBA2014-00366 DBA
 07/15/2014 03:07:10 PM Page: 1 of 1
 Nancy A. Waters, County Clerk, Muskegon County MI



Certificate Expires JULY 14, 2019

CERTIFICATE OF ASSUMED NAME
 FILING FEE \$10.00

The undersigned, hereby certifies that the following person (or persons) now own, intend to own, conduct or transact business in the County of Muskegon, State of Michigan, under the name, designation or style stated below:

1. This is an Original ☒ (or) a Renewal ☐ Certificate (check one)
2. NAME OF BUSINESS Fake Towning
3. PRINCIPAL ADDRESS OF BUSINESS 10288 Old Hwy 31.
 CITY, STATE, ZIP CODE Muskegon MI 49837 TELEPHONE NO. 231-894-9824
4. MAILING ADDRESS (if different) _____
5. FULL LEGAL NAME(S) OF PERSON(S) owning, conducting, transacting or composing the above business and residence address(es) of each.

NAME OF PERSON	RESIDENCE ADDRESS
(Print) <u>John Heston</u>	<u>290 Fort St. Shelby, MI 49885</u>
(Print) <u>E. J. Heston</u>	_____
(Print) _____	_____
(Print) _____	_____

6. If anyone listed in #5 IS NOT an individual person, please examine the reverse side before signing.

7. SIGNATURES OF ALL PERSONS LISTED ABOVE to be signed before a Notary Public

(Signature) <u>[Signature]</u>	(Signature) _____
(Signature) _____	(Signature) _____

STATE OF MICHIGAN
 COUNTY OF MUSKEGON

Subscribed and sworn to before me this 15th day of July, 2014
 by all the persons listed above.

(Signature) Doris A. Vanduyke
 (Print Name) DORIS A. VANDUYKE Notary Public Muskegon County, MI
 Acting in Muskegon County, MI

My Commission Expires: September 29, 2018

I, Nancy A. Waters, Clerk of Muskegon County and the Circuit Court, thereof, do hereby certify that I have compared the within copy of Assumed Name Certificate with the original of record filed in my office, and that the same is a true and correct copy thereof and of the whole of such certificate.

In Testimony Whereof, have hereunto set my hand and affixed the seal of said Circuit Court, this 15th day of July, 2014

Nancy A. Waters, Muskegon County Clerk

By: Doris A. Vanduyke Deputy County Clerk

I HEREBY CERTIFY this to be a true and correct copy of the original on file with the office of COUNTY CLERK.
 This Certified Copy VALID Only When SEAL and RED SIGNATURE Are Affixed.

Nancy A. Waters
 MUSKEGON COUNTY CLERK



**MICHIGAN
INTERNATIONAL FUEL TAX AGREEMENT**

Michigan Department of Treasury
Special Taxes Division, IFTA Unit
PO Box 30474
Lansing, MI 48909-7974
**2018 IFTA LICENSE
NOT TRANSFERABLE**

Effective Date

01/06/2018

Expiration Date

12/31/2018

IFTA License Number
MI36264605000

Motor Carrier Account: 34270

Control Number: 00CCTX6

Additional Identifier

TR2533526

JOHN EDWARD HEYKOOP
EAGLE TOWING & RECOVERY
10255 OLD US HWY 31
MONTAGUE, MI 49437

THIS LICENSE IS ISSUED UNDER THE TERMS OF THE INTERNATIONAL FUEL TAX AGREEMENT AND IS VALID FOR VEHICLES OPERATED BY THE LICENSEE IN ALL IFTA JURISDICTIONS

A COPY OF THIS LICENSE MUST APPEAR IN EACH MOTOR VEHICLE

Cut here

Cut here

International Fuel Tax Agreement (IFTA) License and Decals Enclosed

Attached is your IFTA License. Each vehicle licensed under the IFTA agreement must carry a copy of this license and display the current year decals. You may make as many photocopies of the license as necessary.

One decal must be placed on the lower rear exterior portion of the cab's passenger side and the matching decal must be placed on the driver's side of the vehicle in a similar position.

To order additional decals, please visit the MI IFTA IPC website at <https://mi.iftaipc.com>, access your online IFTA account, click on the link "Work on IFTA", and then click on the link for "Order Additional Decals".

To cancel your IFTA license, you must submit form 4460 (www.michigan.gov/IFTA) and return any unused decals to:

Michigan Department of Treasury

Special Taxes Division - IFTA

P. O. Box 30474

Lansing, MI 48909-7974

You will remain liable for the filing of IFTA tax returns and the payment of any taxes that are due until you receive notice that your IFTA license has been cancelled by Treasury.

If you need additional information or assistance, please call the Department of Treasury, IFTA Section, at 517-636-4580, Monday through Friday, 8:30 a.m. to 4:30 p.m.; or email us at IFTA_Licensing@michigan.gov.

MICHIGAN REGISTRATIONRuth Johnson
Secretary of State

Plate: BA02941 Expires: 02/28/2019

2011 FORD WRECKER

Vehicle No.: 1FD0X4HT0BEA86431 Fee Cat. or Wt.: 16500
County: MUSKEGONEAGLE TOWING
10255 OLD US 31
MONTAGUE MI 49437

License Fee: 200.00*

- WRC 0.00 SERV FEE 200.00 PLATE FEE

01162018 G016 297 A02170 020000

MICHIGAN REGISTRATIONRuth Johnson
Secretary of State

Plate: BA02941 Expires: 02/28/2019

2011 FORD WRECKER

Vehicle No.: 1FD0X4HT0BEA86431 Fee Cat. or Wt.: 16500
County: MUSKEGONEAGLE TOWING
10255 OLD US 31
MONTAGUE MI 49437

License Fee: 200.00*

- WRC 0.00 SERV FEE 200.00 PLATE FEE

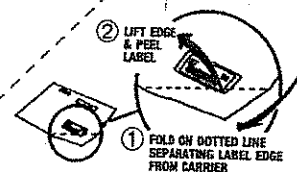
01162018 G016 297 A02170 020000

(Detach Here)

Two copies of your vehicle registration are provided for your convenience.

TAB REMOVAL INSTRUCTIONS**2019**

- Do not remove this tab until you are ready to place it on your license plate.
- Please allow form to reach room temperature before removing license plate tab.
- Be sure your license plate is clean and dry. Apply the tab to the plate on the rear of your vehicle as follows: All plates **except** motorcycle: upper right corner.
Motorcycle plates: lower right corner.
- Fold form on dotted line to separate tab from form.
- Your new license plate tab shows both the month and year of expiration.
- A "P" will print on the top and bottom of your tab if you purchased a Recreation Passport.
- If you also renewed your driver's license or personal identification card by mail, you will receive it in a separate mailing 10 business days after receipt of this registration.



210

MICHIGAN REGISTRATION

RUTH JOHNSON
Secretary of State

Plate: BB34709 Expires: 02/28/2019

RENEWAL OF BB34709

2004 FORD WRECKER

Vehicle No.: 1FDAX57P34EA8451

C

Fee Cat. or Wt.: 008000

County: MUSKEGON

EAGLE TOWING
10255 OLD US HIGHWAY 31
MONTAGUE MI 49437

BB34709 E

01292018 S6 G029 297 0517

License Fee: 0.00

TR 11

MICHIGAN REGISTRATION

RUTH JOHNSON
Secretary of State

Plate: BB34709 Expires: 02/28/2019

RENEWAL OF BB34709

2004 FORD WRECKER

Vehicle No.: 1FDAX57P34EA8451

C

Fee Cat. or Wt.: 008000

County: MUSKEGON

EAGLE TOWING
10255 OLD US HIGHWAY 31
MONTAGUE MI 49437

BB34709 E

01292018 S6 G029 297 0517

License Fee: 0.00

TR 11

211

2019

A "P" WILL
PRINT ON
THE TOP AND
BOTTOM OF YOUR
TAB IF YOU
PURCHASED A
RECREATION
PASSPORT.YOUR PLATE
NUMBER IS
PRINTED ON YOUR
TAB. MATCH YOUR
TAB TO THE
CORRECT PLATE.

↑ IMPORTANT ↓

BEND AT DOTTED LINE AND CAREFULLY PEEL
UNTIL TAB IS FULLY REMOVED.

1. Do not remove this tab until ready to place it on your license plate.
2. Your new license plate tab shows both the month and year of expiration.
3. Be sure your license plate is clean and dry, then apply your tab as follows:
All plates except motorcycle: upper right corner.
Motorcycle plates: lower right corner.

220

MICHIGAN REGISTRATION

Ruth Johnson
Secretary of State

Plate: BA95908 Expires: 02/28/2019

2011 FREIGHTLINER WRECKER

Vehicle No.: 1FVACWDT6BD4W7675 Fee Cat. or Wt.: 15500
County: MUSKEGON

EAGLE TOWING
10255 OLD US 31
MONTAGUE MI 49437

License Fee: 200.00*

- WRC 0.00 SERV FEE 200.00 PLATE FEE
01162018 G016 297 A02171 020000

MICHIGAN REGISTRATION

Ruth Johnson
Secretary of State

Plate: BA95908 Expires: 02/28/2019

2011 FREIGHTLINER WRECKER

Vehicle No.: 1FVACWDT6BD4W7675 Fee Cat. or Wt.: 15500
County: MUSKEGON

EAGLE TOWING
10255 OLD US 31
MONTAGUE MI 49437

License Fee: 200.00*

- WRC 0.00 SERV FEE 200.00 PLATE FEE
01162018 G016 297 A02171 020000

221

MICHIGAN REGISTRATION

RUTH JOHNSON
Secretary of State

Plate: BB34721 Expires: 02/28/2019

RENEWAL OF BB34721

2008 CHEVROLET

WRECKER

Vehicle No.: 1GBESC1908F411174

C

Fee Cat. or Wt.: 008001
County: MUSKEGONEAGLE TOWING
10255 OLD HIGHWAY 31
MONTAGUE

MI 49437

BB34721 E



License Fee: 200.00

02222018 YN 6053 342 0253

TR-11

MICHIGAN REGISTRATION

RUTH JOHNSON
Secretary of State

Plate: BB34721 Expires: 02/28/2019

RENEWAL OF BB34721

2008 CHEVROLET

WRECKER

Vehicle No.: 1GBESC1908F411174

C

Fee Cat. or Wt.: 008001
County: MUSKEGONEAGLE TOWING
10255 OLD HIGHWAY 31
MONTAGUE

MI 49437

BB34721 E



License Fee: 200.00

02222018 YN 6053 342 0253

TR-11

228

MICHIGAN REGISTRATION

RUTH JOHNSON
Secretary of StatePlate: BB60901 Expires: 02/28/2019
TRANSFER REGISTRATION

2011 FORD WRECKER R

Vehicle No.: 1FDUF5HT8BEB58700
CFee Cat. or Wt.: 161000
County: MUSKEGONEAGLE TOWING
10255 OLD HWY 31
MONTAGUE

MI 49437



BB60901 E

License Fee: 13.00

03012018 CN G060 342 0149 928.00

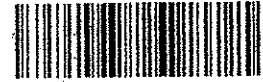
MICHIGAN REGISTRATION

RUTH JOHNSON
Secretary of StatePlate: BB60901 Expires: 02/28/2019
TRANSFER REGISTRATION

2011 FORD WRECKER R

Vehicle No.: 1FDUF5HT8BEB58700
CFee Cat. or Wt.: 161000
County: MUSKEGONEAGLE TOWING
10255 OLD HWY 31
MONTAGUE

MI 49437



BB60901 E

License Fee: 13.00

03012018 CN G060 342 0149 928.00

TR-11

220

MICHIGAN REGISTRATION

Plate: BB38410

Expires: 02/28/2019

ORIGINAL REGISTRATION

2007 FREIGHTLINER

Vehicle No.: 1FVHCYDC77HX50623

C

WRECKER

Fee Cat. or Wt.: 008001
County: MUSKEGON

RUTH JOHNSON
Secretary of State

JOHN HEYKOOP DBA EAGLE TOWING
10255 OLD HWY 31
MONTAGUE

MI 49437

BB38410 J



10202017 P3 F293 268 0057 7415.00
License Fee: 200.00

MICHIGAN REGISTRATION

Plate: BB38410

Expires: 02/28/2019

ORIGINAL REGISTRATION

2007 FREIGHTLINER

Vehicle No.: 1FVHCYDC77HX50623

C

WRECKER

Fee Cat. or Wt.: 008001
County: MUSKEGON

RUTH JOHNSON
Secretary of State

JOHN HEYKOOP DBA EAGLE TOWING
10255 OLD HWY 31
MONTAGUE

MI 49437

BB38410 J



10202017 P3 F293 268 0057 7415.00

License Fee: 200.00

250

MICHIGAN REGISTRATIONRuth Johnson
Secretary of State

Plate: BA85081 Expires: 02/28/2019

2007 FORD WRECKER

Vehicle No.: 1FDAW57P17EB48816 Fee Cat. or Wt.: 10000
County: MUSKEGONEAGLE TOWING
10255 OLD HWY 31
MONTAGUE MI 49437**MICHIGAN REGISTRATION**Ruth Johnson
Secretary of State

Plate: BA85081 Expires: 02/28/2019

2007 FORD WRECKER

Vehicle No.: 1FDAW57P17EB48816 Fee Cat. or Wt.: 10000
County: MUSKEGONEAGLE TOWING
10255 OLD HWY 31
MONTAGUE MI 49437

License Fee: 200.00*

- WRC 0.00 SERV FEE 200.00 PLATE FEE

01162018 G016 297 A02173 020000

License Fee: 200.00*

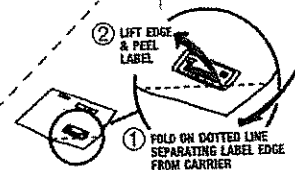
- WRC 0.00 SERV FEE 200.00 PLATE FEE

01162018 G016 297 A02173 020000

(Detach Here)

Two copies of your vehicle registration are provided for your convenience.**TAB REMOVAL INSTRUCTIONS****2019**

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Motorcycle plates: lower right corner.
- Fold form on dotted line to separate tab from form.
- Your new license plate tab shows both the month and year of expiration.
- A "P" will print on the top and bottom of your tab if you purchased a Recreation Passport.
- If you also renewed your driver's license or personal identification card by mail, you will receive it in a separate mailing 10 business days after receipt of this registration.



MICHIGAN REGISTRATIONRuth Johnson
Secretary of State

Plate: CA23713 Expires: 02/28/2019

2007 FORD PICKUP

Vehicle No.: 1FTSW21P87EB36839 Fee Cat. or Wt.: 28
County: MUSKEGONEAGLE TOWING
10255 OLD US HIGHWAY 31
MONTAGUE MI 49437

License Fee: 133.00

MICHIGAN REGISTRATIONRuth Johnson
Secretary of State

Plate: CA23713 Expires: 02/28/2019

2007 FORD PICKUP

Vehicle No.: 1FTSW21P87EB36839 Fee Cat. or Wt.: 28
County: MUSKEGONEAGLE TOWING
10255 OLD US HIGHWAY 31
MONTAGUE MI 49437

License Fee: 133.00

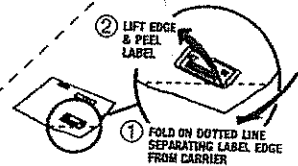
01162018 G016 297 A02169 013300

01162018 G016 297 A02169 013300

(Detach Here)

Two copies of your vehicle registration are provided for your convenience.**TAB REMOVAL INSTRUCTIONS****2019**

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- Please allow form to reach room temperature before removing license plate tab.
- Be sure your license plate is clean and dry. Apply the tab to the plate on the rear of your vehicle as follows: All plates except motorcycle: upper right corner.
Motorcycle plates: lower right corner.
- Fold form on dotted line to separate tab from form.
- Your new license plate tab shows both the month and year of expiration.
- A "P" will print on the top and bottom of your tab if you purchased a Recreation Passport.
- If you also renewed your driver's license or personal identification card by mail, you will receive it in a separate mailing 10 business days after receipt of this registration.



251

Eagle Towing & Recovery Rates for Heavy Duty Services

November 1, 2017

ROAD SERVICE

Lock out / Jump Start / Fuel delivery (Fuel is extra)

\$95/Hour Port to Port + Mileage at \$4.00 per mile one way

TOWING

Includes: Hookup, Air supply, Driveshaft removal and/or replacement, Axle removal, Fairings, Tow light

Medium Duty	(10,000 to 26,000 GVWR)	\$150/Hour Port to Port
Heavy Duty	(26,000 to 33,000 GVWR)	\$150/Hour Port to Port
Super Heavy Duty	(Loaded Mixer or Straight truck or T/T Combo)	\$250/Hour Port to Port
Heavy Duty Fragile	(Large Motorhomes/Coaches)	\$350/Hour Port to Port

WINCHING

Medium Duty	(10,000 to 26,000 GVWR)	\$175/Hour Port to Port
Heavy Duty	(26,000 to 33,000 GVWR)	\$225/Hour Port to Port
Super Heavy Duty	(Loaded Mixer or Straight truck or T/T Combo)	\$350/Hour Port to Port

IMPOUND

Add \$500.00 to the invoice

ACCIDENT

Medium Duty	(No Haz Mat)	\$500/Hour Port to Port
Heavy Duty	(No Haz Mat)	\$750/Hour Port to Port
Life safety / Rescue request	Multiply by 2	
Haz Mat	Multiply by 2	
Explosive	Multiply by 4	

Fuel surcharge is added to all charges currently 5% of invoice

Other charges may apply

Eagle Towing & Recovery Rates for Light Duty Services

Short Form Customer Direct Pay

No long form required

November 1, 2017

ROAD SERVICE

Lock out / Jump Start / Fuel delivery (Fuel is extra)

\$75.00

TOWING

Includes: Hookup & Tow light

Minimum charge is \$75.00

\$75.00 hookup + \$4.00 per mile towed

WINCHING

Minimum charge is \$75.00

IMPOUND

Minimum charge is \$154.00

\$150.00 hookup + \$4.00 per mile towed

ACCIDENT

Minimum charge is \$150.00

+ \$4.00 per mile towed

Battery disconnect \$25.00

Extra fee's

Dolly \$50.00

Remove Driveshaft \$50.00

Tire or ball joint skate \$25.00

Motorcycle rack \$25.00

Off road \$25.00

6:11 PM
02/21/18Long form rate sheet
+ that details
and detailed Black down
Job DescriptionEagle Towing & Recovery
Item Price List
February 21, 2018

Item	Description	Preferred Vendor	Price
ACCIDENT	ACCIDENT TOW		0.00
Admin Fee	ADMINISTRATIVE FEE - 10%		10%
BARRELS	55gal. BARRELS FOR WASTE REMOVAL		65.00
Battery	Battery Disconnect		35.00
Biohazard	Biohazard Surcharge - 13.0%		13%
CC FEE			0.00
CHAINS/SAW	Chainsaw \$95.00/HR - 4 HR MINIMUM		95.00
Crash Bag	Crash Bag - 35.00 Each - Debris Containment Bag		35.00
Credit Card FEE	Credit Card Use FEE - 4%		4%
Cruise/loop	Cruise Loop - WreckMaster Certified		175.00
Dive Robot	Advanced Underwater Video ROV		225.00
Diver	Certified HAZMAT Diver \$375.00/HR - 4 HR MINIMUM		375.00
DOLLIES	DOLLIES		50.00
DRIVESH/HAFT	DRIVE SHAFT REMOVAL		50.00
DUMP	DISPOSAL SERVICE		100.00
Emergency Response 1	EMERGENCY RESPONSE - LIGHT DUTY \$495/HR...		495.00
Emergency Response 2	EXTREME EMERGENCY RESPONSE - LIGHT DUT...		695.00
FLATBED	TRANSPORT UNIT \$295/HR - 2 HR MINIMUM		295.00
FLOOD/DRY	GRANULAR ABSORBENT \$35 PER BAG		35.00
Fuel Surcharge	Fuel Surcharge - 8%		8%
Gate	GATE FEE		35.00
Generator	Power Generator \$85/HR - 4HR MINIMUM		85.00
Hazmat-Add on	HAZMAT Technician - 2 HR MINIMUM		150.00
Headsets	Advanced On-Scene Communications Headsets \$15...		150.00
Heavy Duty	HEAVY DUTY RECOVERY UNIT \$685/HR - 2 HR ...		695.00
Inclement Weather	Inclement Weather Surcharge - 11.0%		11%
LABOR	ADDITIONAL PERSONNEL \$125/HR - 2 HR MINIM...		125.00
LDUTY	LIGHT DUTY RECOVERY UNIT \$295/HR - 2 HR MI...		295.00
Lights	Scene Support Light Towers - \$125/HR - 4HR MINIM...		125.00
Little Wonder	Little Wonder HPV Vacuum \$175/HR - 4HR MINIM...		175.00
Medium Duty	MEDIUM DUTY RECOVERY UNIT \$425.00/HR - 2 ...		425.00
MEMO	PLEASE MAKE CHECKS PAYABLE TO EAGLE TO...		0.00
MILEAGE	TOW MILEAGE \$4.00 Loaded Mile		4.00
Night/Weekend Differential	Night/Weekend Differential Surcharge - 9.0%		9%
PPE	PPE (Personal Protective Equipment) OSHA Mand...		5%
Reclamation Fee	RECLAMATION FEE - 7.0%		7%
SEED	GRASS SEED		50.00
SERT/BUCK	SERVICE TRUCK \$250/HR - 2 HR MINIMUM		250.00
Signage	Advance Warning Signage IAW MUTCD - \$85.00/HR...		85.00
Skates	Wheel Skates		35.00
SOIL	TOP SOIL		100.00
STORAGE-I	INSIDE STORAGE \$65.00 PER DAY ACCRUES FR...		65.00
STORAGE-O	OUTSIDE STORAGE \$50.00 PER DAY ACCRUES ...		50.00
Supervisor	WreckMaster Certified Safety Supervisor \$275.00/H...		275.00
Tarp	Plastic Broken Windows		35.00
TOW	TOWING HOOK UP FEE BASE RATE \$50		50.00
Tractor	FRONT END LOADER \$375/HR - 4 HR MINIMUM		375.00
Traffic	Traffic Control/Safety Unit \$275/HR - 2 HR MINIMUM		275.00
Trailer	Incident Management Trailer / Scene Mitigation Trail...		225.00

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Eagle Towing & Recovery Item Price List February 21, 2018

Item	Description	Preferred Vendor	Price
Tuck#250	Advance Warning/Service/Incident Management/Traf...		375.00
WINCHING	WINCHING		75.00
Wood	4"x6"x12' Wood Beams		0.00
Charge Terms	Late payments will be charged a \$50.00 late fee incl...		0.00
Fin Chg	Finance Charges on Overdue Balance		12%
NSF Fee	NSF Fee		25.00
Multi-Vehicle	Multi-Vehicle involved		-50%

Unit #	Year	Make	Model	Class	GVWR	Type	Winch	Rear Axle	Addl. Equip
210	2011	Ford	F450	C	18500	WheelLift	2-3/8-150Ft	Duels	Dollies
211	2004	Ford	F550	C	18500	WheelLift	2-3/8-150Ft	Duels	Dollies
220	2011	Frightliner	M2	B	26000	Flatbed	1-3/8-75FT	Duels	N/A
221	2008	Chevrolet	C5500	C	26000	Flatbed	1-3/8-75FT	Duels	N/A
222	2011	Ford	F550	C	21000	Flatbed	2-3/8-150FT	Duels	Side Puller
240	2007	Frightliner	M2	A	58000	WheelLift	2-1/2-250FT	Tandem	N/A
250	2007	Ford	F550	C	14500	Trailer	N/A	Duels	N/A
251	2007	Ford	F250	C	14500	Trailer	N/A	Duels	N/A

Booms

10 1-Hydro-Movable-12k
 11 1-Hydro-Movable-12k
 20 N/A
 21 N/A
 22 N/A
 40 1-Hydro-Movable-40k
 50 N/A
 51 N/A